

# Kent and Medway NHS and Social Care Partnership Trust

# Forensic inpatient/secure wards

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXY6L	Trevor Gibbens Unit	Penshurst, Groombridge, Emmetts, Walmer and Bedgebury wards	ME16 9PL
RXY3P	Littlebrook Hospital	Allington centre	DA2 6AD

This report describes our judgement of the quality of care provided within this core service by Kent and Medway NHS and Social Care Partnership Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Kent and Medway NHS and Social Care Partnership Trust and these are brought together to inform our overall judgement of Kent and Medway NHS and Social Care Partnership Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Outstanding



Are services safe?

Requires improvement



Are services effective?

Outstanding



Are services caring?

Outstanding



Are services responsive?

Good



Are services well-led?

Outstanding



### Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

We gave an overall rating for forensic inpatients/ secure wards of **outstanding**.

- We found that morale was high amongst all staff and that they felt well supported and engaged. There was a highly visible and strong leadership team which included both clinicians and managers. We found governance structures were clear, well documented, adhered to by all of the wards and reported accurately.
- The assessment of patients' needs and the planning of their care was thorough, individualised and had a strong focus on recovery. We found lots of evidence of best practice and that all staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice. We saw, throughout all of the wards, that the multidisciplinary teams were consistently and proactively involved in patient care and that all contribution was considered of equal value.
- We consistently saw respectful, responsive and kind interactions between staff and patients. All relatives and carers we spoke to, without exception, commented on how caring and compassionate the staff were towards them and the patients. We found robust and innovative practices were used consistently across the service line to engage and involve patients in the care and treatment they receive. We found a confident and thorough understanding of relational security with all of the staff we spoke to.
- We found bed management processes were robust and effective and strong community teams. We found a service model which optimised patients' recovery, comfort and dignity. We noted an equality delivery scheme which meant all the needs of patients were considered at all times. We found a varied, strong and recovery orientated programme of therapeutic activities available over seven days, every week.
- Wards were kept clean and well maintained and all patients told us that they felt safe. There were enough, suitably qualified and trained staff to provide care to a good standard. We found that patients' risk assessments and formulations were robust and we found the service had strong mechanisms in place to report incidents and learn from when things go wrong.
- However, the building needed updating to meet current standards; there were plans to update as part of the capital programme but it was unclear when work would actually take place. Seclusion rooms on three of the wards required significant upgrading and improvements. We also found inappropriate arrangements for the safe keeping of medicines on Penhurst ward.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as **requires improvement** because:

- We found that patients were not protected against the risks associated with unsafe or unsuitable premises. Seclusion rooms on three of the wards required significant upgrading and improvements to the facilities.
- We found that patients, staff and others were not protected against identifiable risks associated with poor cleanliness and infection control. This related to poor hand hygiene and phlebotomy technique in the Clozaril clinic. However, we raised this with managers who responded immediately to rectify this.
- We found that, on one ward, patients were not protected against the risks associated with the unsafe use and management of medicines. This related to inappropriate arrangements on Penshurst ward for the safe keeping of medicines.

We found that the wards were kept clean and well maintained and all patients told us that they felt safe. There were enough, suitably qualified and trained staff to provide care to a good standard. We found that patients' risk assessments and formulations were robust and we found the service had strong mechanisms in place to report incidents and learn from when things go wrong.

**Requires improvement**



### Are services effective?

We rated effective as **outstanding** because:

The assessment of patients' needs and the planning of their care was thorough, individualised and had a strong focus on recovery. We found a lot of evidence of best practice and that all staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice. We saw throughout all of the wards that the multidisciplinary teams were consistently and pro-actively involved in patient care and that everyone's contribution was considered of equal value.

**Outstanding**



### Are services caring?

We rated caring as **outstanding** because:

We consistently saw respectful, responsive and kind interactions between staff and patients. We observed no adverse interactions, at all, during our inspection. All relatives and carers we spoke with, without exception, commented on how caring and compassionate

**Outstanding**



# Summary of findings

the staff were towards them and the patients. We found robust and innovative practices were used consistently across the service line to engage and involve patients in the care and treatment they receive. We found a confident and thorough understanding of relational security with all of the staff we spoke to.

## Are services responsive to people's needs?

We rated responsive as **good** because:

We found bed management processes were robust and effective. We found strong community teams. We found a service model which optimised patients' recovery, comfort and dignity. We noted an equality delivery scheme which meant all the needs of patients were considered at all times. We found a varied, strong and recovery orientated programme of therapeutic activities available over seven days, every week. We noted the service was particularly responsive to listening to concerns or ideas made by patients and their relatives to improve services. We saw that when staff where able to, these ideas were taken on board and implemented.

**Good**



## Are services well-led?

We rated well-led as **outstanding** because:

We found all staff to have high morale and that they felt well supported and engaged with a highly visible and strong leadership team which included both clinicians and managers. We found governance structures were clear, well documented, adhered to by all of the wards and reported accurately.

**Outstanding**



# Summary of findings

## Background to the service

The forensic inpatient/secure wards provided by Kent and Medway NHS and Social Care Partnership Trust are part of the trust's forensic service line.

The Trevor Gibbens unit in Maidstone has four medium secure wards and one step down ward with locked access. Penshurst ward is the admission and assessment ward and has 15 male beds, four forming the intensive care area of the ward. Groombridge ward is the sub acute ward with 12 male beds. Emmetts ward is the rehabilitation ward with 16 male beds. Walmer ward has 12 female beds and covers admissions, assessments and rehabilitation. Bedgebury ward is a step down ward with locked access on the hospital site providing six male and four female beds.

The Allington centre in Dartford has one low secure ward with 20 beds, five forming the high dependency unit (HDU) of the ward.

We have inspected the services provided by Kent and Medway NHS and Social Care Partnership Trust 38 times between 2011 and 2015. At the time of the last inspections, both the Trevor Gibbens unit and the Allington centre were fully compliant in meeting the essential standards inspected.

## Our inspection team

The team that inspected the forensic/ secure inpatient wards consisted of eight people;

- One expert by experience;
- One inspector;
- One Mental Health Act reviewer;
- Two nurses,
- One pharmacist; and
- Two psychiatrists.

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited all six of the wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients;
- Spoke with 34 patients who were using the service;
- Spoke with the managers for each of the wards;
- Spoke with 36 staff members; including doctors, nurses, therapists, psychologists and social workers;
- Spoke with eight relatives;
- Spoke with four external health and social care professionals;

# Summary of findings

- Interviewed the senior management team with responsibility for these services, including the forensic service line director and assistant medical director;
- Held a focus group for six consultant psychiatrists;
- Attended and observed 12 multi-disciplinary clinical meetings.

We also:

- Looked at 26 treatment records of patients;
- Carried out a specific check of the medication management on three wards;
- Carried out a detailed and specific check of the Mental Health Act on one ward; and
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke with patients and their relatives. The vast majority of comments were very positive and highly complimentary about their experience of care in the forensic inpatient and secure services. They told us that they found staff to be very caring, kind, professional and

supportive towards patients. Most patients and their relatives felt that they were actively involved in looking at choices for and making decisions about their care and treatment.

## Good practice

- Accredited members of the Royal College of Psychiatrists quality network for forensic mental health services. (Penshurst, Groombridge, Emmette and Walmer wards in 2014. Allington centre 2015).
- Adoptors of the productive mental health ward and 15 steps challenge (2014 all wards).
- Clinical audit and effectiveness programme.
- Research and development programme.
- Peak of the week example of good practice.
- Service user and carer involvement (service improvement together initiative, patients' council, DVD, Skype initiative, triangle of care).
- Equality delivery scheme.
- The respect charter.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

#### Action the provider **MUST** take to improve:

- Protect patients and staff against the risks associated with unsafe or unsuitable premises, namely all seclusion rooms on three of the wards in the forensic service line.
- Protect patients against the risks associated with the unsafe use and management of medicines on Penshurst ward by ensuring patients and others do not have access to both the stock medicine cupboard and the mobile medicine trolley.

#### Action the provider **SHOULD** take to improve:

- Implement the capital works programme for anti ligation work at both the Trevor Gibbens unit and the Allington centre. In particular, prioritise Walmer ward, where additional staffing resources are being used to mitigate existing ligation risks.
- Develop a service model for the intensive care unit (ICU) on Penshurst ward as well as associated protocols which should include the use of the time out practice in the seclusion room on the ward.
- Submit the capital works business case for approval to refurbish the ICU area on Penshurst ward, including the seclusion room.
- Expedite the approval to extend the perimeter fence on Penshurst ward to include the tennis court area to increase the size of the available outdoor area for restricted patients.

# Summary of findings

- Enable the patients on the ICU area on Penshurst ward to access an outside area which is conducive to their dignity and shows them a more respectful approach.
- Review the blanket restrictions on Bedgebury ward regarding the locked front door and access to mobile phones.
- Review the pay phone facilities across all wards to ensure all patients have access to make private phone calls and that a consistent approach is agreed across the service line in regards to equality of provision and cost.
- At the Allington Centre, review how patients access their money as the current arrangements are restrictive.
- Introduce advance decisions at the Allington centre.
- Review arrangements for provision of food at the Allington centre as some patients complained about food quality.
- Review some information on display at the Allington centre which was in small print format and not conducive to be easily read.
- Review the availability of emergency and resuscitation equipment in the HDU at the Allington centre.
- Expedite the work to repair the faulty access door to the HDU at the Allington centre.

## Kent and Medway NHS and Social Care Partnership Trust

# Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Penshurst, Groombridge, Emmetts, Walmer and Bedgebury wards	Trevor Gibbons Unity
Allington centre	Littlebrook Hospital

#### Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the provider.

- We checked some of the files of detained patients on all of the wards and carried out a specific Mental Health Act review on Bedgebury ward to ensure that appropriate documentation was in place to reflect what was required in the Mental Health Act and Code of Practice and in most cases this was correct. Where it was not the deficiencies were minor. The trust could demonstrate that there is a systemic process in place to ensure that the operation of the Mental Health Act meets legal requirements. Weekly ward audits of Mental Health Act 1983 paperwork had been introduced and this enabled staff to ensure that the requirements of the act were being met.

- Good conditions of Section 17 leave were being recorded and reviews of risk carried out prior to leave. Capacity and consent was being assessed and recorded on admission and within the first three months prior to the statutory requirement to do this which was felt to be good practice and in line with the Mental Health Act 1983, accompanying Code of Practice. Section 132 rights were found in most cases being given and recorded in line with the trust policy.
- There was evidence found on care plans or within the notes regarding statements being made by detained patients with regard to their preferences for what they would or would not like to happen. This included legally binding advance decisions to refuse treatment and “wishes expressed in advance” in line with the Code of Practice.

# Detailed findings

- Good signage was observed throughout all of the wards offering informative information for patients and carers

including information regarding Independent Mental Health Advocacy Services (IMHAS). Notices were in place on exit doors for informal patients who wished to leave the ward.

## Mental Capacity Act and Deprivation of Liberty Safeguards

We noted that all clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and that over 80% of eligible staff were up to date with refresher courses.

No patients on any forensic inpatient wards were being treated under Section 5 of the Mental Capacity Act.

There were no current Dols applications.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Summary of findings

We rated safe as **requires improvement** because:

- We found that patients were not protected against the risks associated with unsafe or unsuitable premises. Seclusion rooms on three of the wards required significant upgrading and improvements to the facilities.
- We found that patients, staff and others were not protected against identifiable risks associated with poor cleanliness and infection control. This related to poor hand hygiene and phlebotomy technique in the Clozaril clinic. However, we raised this with managers who responded immediately to rectify the issue.
- We found that, on one ward, patients were not protected against the risks associated with the unsafe use and management of medicines. This related to inappropriate arrangements on Penhurst ward for the safe keeping of medicines.

We found that the wards were kept clean and well maintained and all patients told us that they felt safe. There were enough, suitably qualified and trained staff to provide care to a good standard. We found that patients' risk assessments and formulations were robust and we found the service had strong mechanisms in place to report incidents and learn from when things go wrong.

- We noted at the Allington centre that not all communal corridors had CCTV, the rationale for having CCTV was not clear and that there was no ongoing monitoring of any content of the CCTV.
- We noted that the access door to the HDU at the Allington centre was faulty and that this could cause delay in staff accessing the area, particularly in an emergency.
- We saw that all wards had ligature risk assessments. Specific action to be taken to mitigate the risks identified were detailed.
- We noted the trust had planned an anti ligature capital works programme across all locations to address areas of risk. However, senior managers at the Trevor Gibbens unit were unable to tell us when the work was due to commence at the unit.
- We noted that Walmer ward had several ligature risks associated with exposed piping in all of the bedroom areas. Staff were able to describe the mitigation plans of enhanced observations to reduce risks associated with the ligature points.
- All wards, except Bedgebury, were gender specific and Bedgebury had separate male and female sleeping, lounge and bathing facilities.
- We noted that the Allington centre that the high dependency unit (HDU) clinical room did not have emergency equipment. This was stored in a second clinical room at the other end of the ward. We considered that, should this equipment be required, in the HDU, a time delay would occur whilst the equipment was brought to the other part of the ward.
- At the Trevor Gibbens unit emergency equipment was stored in all wards in well equipped clinical rooms. An automated external defibrillator and anaphylaxis pack were in place. All emergency equipment was checked weekly to ensure it was fit for purpose and could be used effectively in an emergency.
- Penhurst, Walmer and Allington wards had seclusion rooms and we noted they were used on an infrequent basis. For example, it had only been used on one occasion on Walmer ward within the previous three

## Our findings

Trevor Gibbens unit and the Allington centre

### Safe and clean ward environment

- The layouts of the wards enabled staff to observe the majority of the ward areas. Where observation was restricted we saw that risk mitigation plans had been put in place.

# Are services safe?

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months. We found all of the seclusion rooms were less than 15 sq meters in size. The seclusion room on Penshurst ward had an inward opening door (making barricading of the door a potential risk), a broken ceiling light fitting and no visible clock. The seclusion room on Walmer ward was in a communal corridor, near to other bedrooms and communal bathrooms, had no visible clock, no working CCTV and no air conditioning. None of the seclusion rooms had natural light and the artificial light in the Walmer ward room was very dim which could potentially impede adequate and safe observation. The seclusion room at the Allington centre had no shower in the ensuite and the toilet was loose fitting. In addition, at the Allington centre, the floor skirting to both the seclusion room and ensuite was not close fitting and could be pulled away. There was also no clock, date or time displayed and we were told that the very small observation area was used as office space, as the seclusion room was rarely used.

- All wards were well maintained and clean throughout. Furniture, fixtures and fittings were provided to a good standard except those already sited. Staff conducted regular audits of infection control and prevention and staff hand hygiene to ensure that patients, visitors and staff were protected against the risks of infection.
- At the Trevor Gibbens unit we observed poor hand hygiene practices in the clinic, based on Emmetts ward, providing support to patients receiving Clozaril medication. We raised this with senior managers who responded swiftly to take correction action.
- We observed poor phlebotomy techniques used in the Clozaril clinic on Penshurst ward and drew this to the attention of a manager who responded immediately to rectify.
- The staff carried out a range of environmental and health and safety audits and risk assessments, including checks on standards of cleanliness.
- Alarms were available in each room on the wards and all staff carried alarms. We were told by staff that alarms are responded to in a timely manner.
- We saw evidence that all wards participated in regular health and safety meetings.

- Whilst acknowledging shifts were extremely busy most staff we spoke to said there were sufficient staff to delivery care to a good standard.
- We saw that robust arrangements were in place, in the business unit, to provide high calibre and effective governance processes and support to clinical staff. The business unit team had received positive feedback from staff and we saw that this support enabled clinical staff to have time released to be able to prioritise the care and treatment of their patients.
- We noted the service line had a comprehensive and thorough workforce plan which described the workforce strategies required to ensure successful delivery of services in an effective way whilst maintaining the highest of standards of care.
- We viewed the forensic service line recruitment and retention action plan which showed us that an ongoing recruitment process had been introduced to ensure vacancy levels decreased. We noted the forensic service line had held a recruitment day which was attended by hundreds of prospective employees.
- We saw that the forensic service line had a staff retention strategy which encouraged engagement with staff and listed several retention initiatives. We saw vacancy levels across all wards were low and turnover of staff was consistently less than 2%. When temporary staff were used we saw that the trust's own staff were called upon (via NHS professionals).
- We were told by the ward managers that senior managers were flexible and responded well if the needs of the patients increased and additional staff were required.
- We noted sickness absence rates for the year to January 2015 for all wards averaged at 3.2%.
- The staff told us it was not always possible to escort patients on leave at the particular time they required. We were told they kept cancellations of escorted leave to an absolute minimum. We noted this was not routinely recorded.
- The majority of patients were offered and received a one-to-one session with a member of staff every day.

## Safe Staffing

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- Staff that had been trained in the use of physical interventions were identified on the rota to ensure there were sufficient staff available if required to assist.
- We saw evidence that the forensic, secure wards had access to a wider multidisciplinary team which included occupational therapists, psychologists, activity co-ordinators, social workers, other therapists and pharmacists.
- Medical staff told us that there were adequate doctors available over a 24 hour period, seven days each week who were available to respond quickly on the ward in an emergency.

## Assessing and managing risks to patients and staff

- We sampled 26 electronic care records across all of the wards in both locations, including many records of patients detained under the Mental Health Act and found a comprehensive risk assessment in place for all patients on admission. We saw that all patients, where they had wanted to, and, had consented to, had been actively involved in the risk assessment process.
- We found that risk formulations were good and used structured professional judgement (SPJ) risk assessment schemes which all staff we spoke to had been trained to use. We saw evidence that a structured decision support guide, called HCR-20 was used to assess risk factors for violent behaviour. We saw that the structured assessment of protective factors (SAPROF) was used to help reduce the risk of any future violent behaviour as well as offering guidance for treatment and risk management plans. We saw the risk of sexual violence protocol was in place and that all patients received the short term assessment of risk and treatability (START). We noted all of this information was reviewed regularly and documented in the electronic care record system (RiO). We saw that the reviews of risk were part of the multi-disciplinary care review process as detailed in the forensic service line, clinical risk assessment procedure. We also noted that the SPJ assessment schemes were recommended good practice by the Department of Health for implementation in forensic and secure setting.
- We looked at the standards laid out for forensic and secure inpatient care which detailed the level of engagement and assessment patients could expect to receive when admitted into the wards.
- We found that any blanket restrictions on the medium and low secure wards, such as contraband items and locked doors to access and exit the ward doors, where justified and clear notices were in place for patients explaining why these restrictions were being used. Informal patients were advised through signage that they were free to leave at will and this information was also detailed in the ward information leaflets.
- We did, however, note that Bedgebury ward (the step down ward) was not a low or medium secure ward had a locked door which patients were unable to access themselves regardless of their discharge plan or individual risk assessment. We also saw that patients on this ward were unable to keep their mobile phones with them or have open access to their laptops. We spoke to staff and patients about these restrictions and were told discussions were ongoing to negotiate least restrictive practices on this ward, particularly in preparation for discharge into community living.
- Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, the level and frequency of observations of patients by staff were increased. Individual risk assessments we reviewed took account of patients previous risk history as well as their current mental state.
- We noted that relational security was practiced to a high standard across all wards and that staff actively promoted de-escalation techniques to avoid restraints and seclusion where possible. We saw evidence that all staff were trained in promoting safer and therapeutic services. We noted one episode of seclusion on Walmer ward, within the most recent three month period, and five episodes of restraint; four on Walmer ward and one on Groomsbridge ward.
- We saw that Penshurst ward has an area called the intensive care unit (ICU), separated from the remainder of Penshurst ward by a locked door. We saw that the ICU had four bedrooms, a seclusion room with ensuite, communal bathrooms and toilets, a small lounge, small dining room and a small, secure courtyard area. We noted and raised with managers a number of concerns we had about the Penshurst ward ICU area. There was no service model or associated protocols describing the criteria for why a patient would be admitted to and remain in the ICU part of Penshurst ward. We found the

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

ICU area to be small and that the caged courtyard did not uphold the dignity and respect afforded to patients in all other areas of the ward. For example a sizeable green and comparably open space. We reviewed the risk assessments and care plans for all of the patients on ICU and could not find references which reflected a needs based reason for why individual patients were being cared for on ICU.

- We noted that the seclusion room on Penshurst was very rarely used. However the space was used for patients to take some, “time out” with staff in attendance. We were told that this was viewed favourably by patients and was seen as a proactive attempt to reduce seclusion, and, manage patients safely in the least restrictive way. We asked to be shown a protocol for “time out” and we were told there was not one. In addition, no records were maintained to either show occurrence or to be able to audit aspects of the practice.
- We spoke with staff about protecting their patients from abuse. All the staff we spoke with were able to describe what constitutes abuse and were confident in how to escalate any concerns they had. All staff had received training in safeguarding vulnerable adults and children and were aware of the trust’s safeguarding policy.
- Our pharmacy inspector checked the management of medicines on Penshurst and Bedgebury wards and found some concerns, particularly on Penshurst ward.
- We noted that on Penshurst ward the stock medicine cupboard was locked by a padlock and that it was possible to open the door sufficiently to fit a hand into the cabinet. We drew this concern to the attention of the nurse in attendance.
- We were also concerned on Penshurst ward that the mobile medicine trolley was not attached securely to the clinical room wall and we raised this concern with staff.
- We noted a medication prescribing error on Penshurst ward which we escalated to staff and additionally found one medicine to be out of date.

- On Bedgebury ward we found one medicine out of date and one omission on the administration section of the prescription chart.
- Patients were provided with information about their medicines. We observed this in a discussion in a multi-disciplinary care review. Staff discussed changes to the patients’ medicines with them and provided leaflets with more information.
- For any patients wanting to see children from their family we found that processes and protocols had been put in place to accommodate this. Each request was risk assessed thoroughly to ensure a visit was in the child’s best interest. Separate and secure family rooms were available away from the ward areas.

## Track record on safety

- We noted serious incident occurrences and reporting from the forensic service line was low (six level four and five serious incidents since January 2014). The recent incidents reported from the Trevor Gibbens unit included two violent incidents and one absconsion on Walmer ward and a patient overdose on Emmetts ward.

## Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to recognise and report incidents on the trust’s electronic recording system. All incidents were reviewed by the ward manager and forwarded to the service manager, lead nurse and the quality team for the Trevor Gibbens unit and the Allington centre. All incidents were electronically forwarded to the patient safety team (governance). The system ensured that senior managers within the trust were alerted to incidents in a timely manner and could monitor the investigation and response to these.
- We were told by the quality team manager that lessons learnt from incidents were shared at the regular patient safety meetings.
- We looked at a series of serious incident briefings sent regularly to all wards in the forensic service line with details of incidents and learning identified with associated action plans.

# Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

We rated effective as **outstanding** because:

The assessment of patients' needs and the planning of their care was thorough, individualised and had a strong focus on recovery. We found lots of evidence of best practice and that all staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice. We saw, throughout all of the wards, that the multidisciplinary teams were consistently and pro-actively involved in patient care and that all contributions were considered of equal value.

## Our findings

Trevor Gibbens unit and the Allington centre

### Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Records showed that all patients received a physical health assessment and that risks to physical health were identified and managed effectively. We saw evidence in the electronic care records that each patient received a modified early warning score (MEWS) and we noted care plans were available for those patients with an identified risk associated with their physical health.
- We noted care plans were personalised, holistic and recovery focussed. All wards used the care programme approach (CPA) as the overarching method for planning and evaluating care and treatment. We saw that the wards used a nationally recognised good practice recovery tool called, "my shared pathway." We noted that this process focussed on a patients strengths and goals. This approach was a way of planning, following and managing an admission through secure services, looking at recovery, health, relationships, safety and risk. We spoke to patients about the care planning process and most agreed that their plans were recovery orientated and that they were encouraged to be fully involved in planning and evaluating care and treatment.

- We noted that the electronic care records system (RiO) was at times slow and we were told by staff that there were times the system was unavailable to them. We noted concerns with the reliability and functionability of RiO had been entered on the service line risk register.

### Best practice in treatment and care

- Patients had access to an excellent variety of psychological therapies either on a one to one basis or in a group setting, as part of their treatment and psychologists, occupational therapists and activity therapists were part of the multidisciplinary team and were actively involved.
- The lead nurse was responsible for ensuring good access to physical healthcare and we were told that they kept an overview of the physical health needs of patients and ensured physical health care plans were kept up to date. We noted that all wards received regular visits from a general practitioner and practice nurse. Regular physical healthchecks were taking place as needed.
- The modified early warning system (MEWS), to help monitor a patient physical health care needs, was fully implemented for all patients.
- All patients were assessed using the health of the nation outcome scales (HoNOS). These covered twelve health and social domains and enabled clinicians to build up a picture overtime of their patients' responses to interventions.
- Staff participated in wide range of clinical audit to monitor the effectiveness of services provided. We saw that all staff participated, at least weekly, in reflective practice sessions to also evaluate the effectiveness of their interventions.
- We saw that a forensic service line clinical governance meeting was held monthly and incorporated feedback and discussion from sub groups, which included, clinical effectiveness, patient safety and patient experience. We saw from the minutes of the meeting that all wards were represented. We noted the quality and governance team provided robust processes and support to clinical teams.
- Areas of best practice discussed at the governance meeting included person centred care planning, assessing and managing risk, medication and

# Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

associated protocols and engaging family and friends through the use of the triangle of care. All of these areas had associated audits which identified areas of best practice and other areas to work on to further improve the quality of service provision.

- We noted a quality initiative called, "peak of the week" which identified a particular area of the service where a development or improvement had been identified. This was then advertised and celebrated across the organisation. We found that staff were particularly motivated, engaged and energised by this initiative.
- Regular audits took place which scrutinised adherence to the forensic service line commissioning for quality and innovation (CQUIN) framework.. The areas covered included, risk assessments, carer involvement, pre-admission formulations, quality dashboards and delayed discharges from secure care.

## Skilled staff to deliver care

- The staff on all of the wards came from a variety of professional backgrounds, including medical, nursing, psychology, occupational therapy, social work and pharmacy and were all fully integrated into the service.
- Staff received appropriate training, supervision and professional development. We found that over 80% of all staff had updated mandatory training refresher courses recorded. We saw that staff were also encouraged to attend longer internal and external training courses and secondments into professional training. For example, we saw that a number of staff had attended training on best practice in managing risk (an introduction to working with trauma and boundaries in forensic services).
- All staff we spoke to said they received individual and group supervision on a regular basis as well as an annual appraisal. All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the ward.
- All wards had a regular team meeting and all staff described morale as very good with their team managers being highly visible, approachable and supportive.

- We noted that all wards had multidisciplinary team away days and that regular managers workforce development groups took place.
- Senior managers told us they were performance managing a small number of staff in relation to capability issues at the time of our inspection.

## Multi-disciplinary and inter-agency work

- We found fully integrated and adequately staffed multidisciplinary teams throughout the forensic services . Regular and fully inclusive team meetings took place. We observed care reviews and clinical hand over meetings on most wards and found these to be highly effective and involved the whole multidisciplinary team.
- We observed that all members of the multidisciplinary team were given space and time to feedback and add to discussions in meetings. We noted that all contribution was valued equally. We saw clear clinical leadership on the wards without any negative impacts of a hierarchical structure.
- We observed inter-agency working taking place, with care-coordinators attending meetings as part of patients' admission and discharge planning.
- We noted regular meetings were held between the service and the independent mental health advocacy (IMHA) provider (Invicta Advocacy and Rethink)

## Adherence to Mental Health Act 1983 and the Code of Practice

- We checked some of the files of detained patients on all of the wards and carried out a specific Mental Health Act review on Bedgebury ward to ensure that appropriate documentation was in place to reflect what was required in the Mental Health Act and Code of Practice and in most cases this was correct. Where there were deficiencies these were assessed as minor. The trust could demonstrate that there is a systemic process in place to ensure that the operation of the Mental Health Act meets legal requirements. Weekly ward audits of Mental Health Act 1983 paperwork had been introduced and this enabled staff to ensure that the requirements of the act were being met.
- Good conditions of Section 17 leave were being recorded and reviews of risk carried out prior to leave. Capacity and consent was being assessed and recorded

# Are services effective?

Outstanding



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on admission and within the first three months prior to the statutory requirement to do this which was felt to be good practice and in line with the Mental Health Act 1983, accompanying Code of Practice. Section 132 rights were found in most cases being given and recorded in line with the trust policy.

- There was evidence found in care plans or within the notes of statements being made by detained patients with regard to their preferences for what they would or would not like to happen. This included legally binding advance decisions to refuse treatment and "wishes expressed in advance" in line with the Code of Practice.
- There was clear evidence of advance decisions in the care records scrutinised at the Trevor Gibbens unit but not at the Allington centre.

- Good signage was observed throughout all of the wards offering informative information for patients and carers including information regarding Independent mental health advocacy services (IMHAS). notices were in place on exit doors for informal patients who wished to leave the ward.

## **Mental Capacity Act and Deprivation of Liberty Safeguards**

- We noted that all clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and that over 80% of eligible staff were up to date with refresher courses.
- No patients on any forensic inpatient wards were being treated under Section 5 of the Mental Capacity Act.
- There were no current DoLs applications.

# Are services caring?

Outstanding



By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary of findings

We rated caring as **outstanding** because:

We consistently saw respectful, responsive and kind interactions between staff and patients. We observed no adverse interactions, at all, during our inspection. All relatives and carers we spoke to, without exception, commented on how caring and compassionate the staff were towards them and the patients. We found robust and innovative practices were used consistently across the service line to engage and involve patients in the care and treatment they receive. We found a confident and thorough understanding of relational security with all of the staff we spoke to.

## Our findings

Trevor Gibbens unit and the Allington centre

### Kindness, dignity, respect and support

- All of the patients we spoke with were complimentary about the staff providing the service on all of the wards, even when restrictions in relation to their care and treatment were in place. Patients were supported consistently by kind and respectful staff.
- One patient we spoke to said, “the staff here are wonderful, if you need anything you’ve only got to ask.” Another patient said, “this is the best ward I have ever experienced. Staff do not judge us. We are always treated with dignity”, and another said, “the staff are all compassionate, every one of them. There is such a relaxed atmosphere on the ward. I have never experienced that before. I feel so safe, cared for and it is having such a good effect on me. I can’t praise the staff enough.” Others commented that it was evident that staff cared and were passionate about their work; some also said it was the best service they had ever experienced (some people had been admitted to several other services in other parts of the country).
- We saw that staff showed patience and gave encouragement when supporting patients. We observed this consistently on all of the wards we visited and at all times.
- Despite the complex, and, at times challenging needs of the patients using the service, the atmosphere on all of the wards was very calm and relaxed.
- We saw staff were calm and not rushed in their work so their time with patients was meaningful. Patients commented on the kindness and compassion of the staff. We saw that staff were able to spend time individually with patients, talking and listening to them. We did not hear any staff, on any of the wards ask a patient to wait for anything, after approaching staff. We did not see any adverse responses by any staff, at all, during the duration of our inspection.
- During our inspection we saw a lot of positive interaction between staff and patients on the wards. Staff spoke to patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time.
- We saw a number of swift interactions where staff saw that patients were becoming agitated, distressed or overly stimulated, particularly with visitors on the wards. We saw staff immediately attend to their patients in a kind and gentle manner. We saw that patients were highly appreciative of the egalitarian but bounded relationships they had with staff.
- We received many commendations by both patients and relatives about individual staff on all of the wards. Comments about them included them being particularly kind and perceptive.
- One relative we spoke with talked at length about how excellent the staff were; explaining that they felt staff understood the difficulties carers and families faced, that they treated them with respect and valued their opinions and contribution, that they were non-judgemental and involved them in their relatives care.
- We spoke to staff who were able to confidently discuss their approach to patients and the model of care practiced across all of the secure wards. They spoke about enabling patients to take responsibility for their care pathways. Staff spoke about how they were 'psychologically minded' whilst dealing with patients and at all times. Staff gave many examples of their strong understanding of, and implementation of



# Are services caring?

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respectful relational security. They were able to describe situations where de-escalation techniques and a respectful approach had been successful and had promoted reduced usage of restraint and seclusion.

## The involvement of people in the care they receive

- We saw that all patients had received a comprehensive handbook on admission to the wards. The handbook welcomed patients and gave detailed information about health needs, the multidisciplinary team, care and treatment options, medication and physical health needs, arrangements for health records, living at the unit, my shared pathway and treatment, daily life on the ward, recreation and leisure needs and options, health and safety, communication, visits, rights, diversity needs and any questions patients may want to have answered. We found the handbook orientated patients well to the service and patients we spoke to about the handbook had received a copy and commented on it positively.
- We saw evidence of patient involvement in the care records we looked at, particularly captured in the, 'my shared pathway' documentation on RiO. We noted this approach was person centred, highly individualised and recovery orientated. We also saw that all patients reviewed their care plan at least once every two weeks with the multidisciplinary care team and at least once each month with a member of the ward nursing team.
- During our inspection we were asked to join a number of multi-disciplinary care review meetings on a number of the wards where the views and wishes of the patients were discussed with them. Options for treatment and therapy were given to the patients to consider at all of the meetings.
- We saw that all patients were encouraged to plan for ward round meetings by completing a document, called, 'what I would like to say at ward round this week'.
- We saw evidence of regular audits carried out to ensure all wards were adhering to a person centred approach when care planning with patients.
- The patient handbook included information on both the trust's patient experience team and local advocacy services available.
- We saw a forensic expert by experience group had been launched in 2013 and that the steering group had met monthly to oversee quality improvements in the service, directed by ex-service users, carer representatives and health care workers. We noted the steering group was called, 'focus on service improvement together' and we saw that this group published a monthly newsletter which provided progress reports on service improvement initiatives.
- Several initiatives had been implemented that had been identified by the steering group and included; improving food by sampling a variety of new providers and their menus, improving services for women by increasing the number of step-down beds available, the development of an introductory video for patients and carers, involvement in staff induction with the introduction of a poster which lists key areas which patients believe are important for new staff to know, for example, 'get to know me as a person, don't just read about my past' and 'give me time to get to know you'. We saw the posters advertised on all of the wards we inspected.
- We saw that all wards were implementing the triangle of care initiative to ensure a carer champion was visible and in good communication with families and friends. We saw that the wards were planning to ask family and friends for feedback via comment cards, called, 'the family and friends test'.
- We viewed a DVD which was made specifically for relatives of the patients admitted to the Trevor Gibbens unit. The DVD introduced all aspects of the forensic service line and showed the hospital site and other key information. The DVD had been made by staff, relatives and patients using the service.
- We saw that the service had conducted a patient experience survey and we noted a summary of results was available and listed actions to be taken to improve areas where the satisfaction rate was below 70%. We saw that the 2014 survey had positive results with high levels of patient satisfaction with their care and treatment. We noted that a clinical audit had been carried out to ensure adherence to the service evaluation action plan following on from the survey results.
- We noted a well established patients council met monthly with representatives involved from all of the ward areas. We noted an ongoing action plan was available addressing such issues as the quality of food,



## Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

preparation for smoke free premises, access to pay and mobile phones, environmental quality, privacy and dignity issues, therapeutic activities and group programme availability and clinical standards. This showed us that patients were encouraged to give feedback on the service they received.

- We noted an initiative to enable patients and their relatives to keep in regular contact through the use of Skype. This had been developed and audited, and, was proving very popular with patients and their families, who often did not live locally to the hospital sites.
- We saw evidence that patients were encouraged to join the recruitment process to appoint substantive staff.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Summary of findings

We rated responsive as **good** because:

We found bed management processes were robust and effective. We found strong community teams. We found a service model which optimised patients' recovery, comfort and dignity and noted that the equality delivery scheme meant all the needs of patients were considered at all times. We found a varied, strong and recovery orientated programme of therapeutic activities available over seven days, every week. We noted the service was particularly responsive to listening to concerns or ideas made by patients and their relatives to improve services. We saw that when staff were able to, these ideas were taken on board and implemented.

## Our findings

Trevor Gibbens unit and the Allington centre

### Access, discharge and bed management

- All of the wards were at full capacity when we inspected. We noted bed occupancy ranged from the lowest of 90.8% at the Allington centre to 99.5% on both Groomsbridge and Emmetts wards. This gave the forensic inpatient and secure wards an average bed day occupancy of 95.2%.
- We saw that a bed management and referrals meeting, attended by key clinical and managerial staff, oversaw the entire forensic inpatient and secure care pathway and was held weekly. We noted that, in the meeting, all current ward bed occupancy was scrutinised as well as transitions into, through and move on from the inpatient service. We reviewed the minutes of the last meeting and saw that five patients were being assessed for admission into Penshurst and Groomsbridge wards. Two patients were being assessed for admission to Emmetts ward and the Allington centre. Three patients were being assessed for Walmer ward.
- We saw that the bed management meeting monitored and tracked appropriate bed usage and identified any pressures on the system.

- We noted that all patients accepted for transition into, through or from the forensic inpatient care pathway had been assessed and sent a written formulation of what their current needs (and possible future needs) were and how these needs would be met.
- We saw that a team of specialist forensic health and social care specialists operated a robust police custody assessment and court diversion service (known as a specialist service). This meant patients assessed as requiring forensic and secure health services were able to receive appropriate care and treatment in the correct environment and in a timely manner.
- We noted and met with managers and staff from the forensic community team (known as a specialist service), who acted as care co-ordinators for all patients within the forensic service line. We saw that the team was well established and fully integrated, and consisted of both health and social care staff.
- We noted that Bedgesbury ward had strong relationships with community supported housing schemes which aided timely discharge when clinically appropriate.
- We found the bed management meeting also monitored all actual and potential inpatient delayed discharges. Resources were then deployed to assist in discharging patients in a timely manner to suit clinical need.

### The ward optimises recovery, comfort and dignity

- All six wards had a full range of rooms and equipment available including spaces for therapeutic activities and treatment. We noted that the lounge areas on Bedgesbury ward and the ICU area on Penshurst ward were very small.
- There were quiet rooms available where patients could meet visitors. However, use of this area was restricted, due to multi purpose use, on Bedgesbury ward.
- We received a number of adverse comments from patients and staff about access to the pay phone facilities on the wards. We also noted that the pay phones were a regular cause for discussion at the patients' council meetings and the regular ward community meetings. Not all the ward pay phones were on a lower tariff which meant the cost of calls was prohibitive. Some phones were in the corridor areas meaning that privacy could not be assured. Some of the

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

phones had privacy hoods but not all. Some of the wards encouraged patients to use a hospital phone in a private room but this was not consistent practice across all of the wards.

- There was direct access to garden areas on all wards with the exception of the ICU area on Penshurst. The patients on the ICU area had access to a small courtyard area which, for security purposes, had a wire perimeter and ceiling fence. The area had a "cage" like quality and we did not feel this showed a respectful or dignified approach to the patients using this area. The larger part of Penshurst ward had access to a garden area but as with the ICU area, it was smaller than the garden areas on all of the other wards. Given the complex and at times challenging needs of the patients on Penshurst ward, and, the ICU area we were told the patients were less likely to have been granted escorted leave off the ward.
- Staff told us about and showed us plans to refurbish the ICU area on Penshurst ward, which included the seclusion room which we previously referred to as causing concerns. We also looked at plans to incorporate a large external area of the tennis courts into the perimeter fence for Penshurst ward. This would enable patients to use and enjoy a much bigger outside area. Their service didn't know when the refurbishment work would commence.
- The feedback we received on the quality and range of food was mixed. We noted that the patients council were working with managers to potentially change provider to ensure a higher quality of food provision. We saw that snacks and beverages were available over a 24 hour period and that patients had access to hot beverages although permissible temperatures were graded in accordance with the secure pathway.
- Patients were able to store their possessions securely in their bedrooms. We noted that all patients had access to their bedrooms and to communal areas of the ward at all times; all had their own wrist band access fob.
- Daily and weekly activities were advertised and available on all of the wards. We noted a good range of activities and groups available to patients on all of the wards. The activities were varied, recovery focussed and aimed to motivate patients. We saw that the activities programme covered the weekend periods.

- Occupational therapy was available on a full time basis across all wards and a variety of therapy sessions were also available on all wards. We saw they operated a model which focussed on a holistic, person centred and recovery based approach.
- We saw that those patients with escorted leave or without restricted leave had access to an activities hall at the Trevor Gibbens unit. We looked at the facility and saw a wide range of sports facilities available including tennis, volleyball, badminton and gym. We noted at the Allington centre patients also had access to a good range of sports facilities within the local community, including football, golf, cycling, swimming and gym. Each of the wards had a small gym area within the ward which enabled patients with restricted leave access.
- We visited the Lakeside café on the Trevor Gibbens site which served hot and cold food and beverages and we sampled the impressive menu. We were told that patients were offered work experience and placement opportunities in the café. We spoke to some patients who had done this and, without exception, they told us how positive the experience had been.
- We saw that the café encouraged involvement of patients, both in its general running but also with particulars such as menu planning, accessibility, opening times and hours and furnishings and ambiance. We noted previous patients were encouraged to return to use the café and we saw that one person was advertising and selling art crafts.
- We visited the small animal farm at the Trevor Gibbens unit and spoke to some patients about how helpful they had found the facility. One patient said they loved looking after the animal and that it gave them a sense of achievement which had provided a positive benefit in helping their care.

## Meeting the needs of all people who use the service

- We were told that a female patient with a disability was awaiting admission onto Walmer ward and that sizeable capital work was underway to make the required adjustments. We were told the patient had had to wait in another hospital, over a two month period, due to the extensive preparatory work required.
- The staff respected patients' diversity and human rights. Attempts were made to meet people's individual needs including cultural, language and religious needs.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Contact details for representatives from different faiths were on display in the wards and in the patients' handbook. Local faith representatives visited people on the wards, held services of worship on site and could be contacted to request a visit.

- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment. Leaflets explaining patients' rights under the Mental Health Act were available in different languages.
- We saw up to date and relevant information on the wards which included; information on mental health problems and available treatment options, local services for example, on benefits advice, information on legal and illegal drugs, help-lines, legal advice, advocacy services and how to raise a concern or make a complaint.
- A choice of meals was available. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to eat appropriate meals. We noted that the contract for food provision was under review.

## Listening to and learning from concerns and complaints

- Copies of the complaints process were displayed in the wards and in the ward information handbooks.
- We saw that each ward had a weekly community meeting where patients were encouraged to raise any concerns that they had. We noted when a patient raised a concern, a response about any changes was prepared

on a sheet of paper and advertised on the ward to encourage other patients to raise any issues of concern. The system was called, 'a change we made from your comments'. For example, on Penshurst ward, patients said they were unhappy about the phone charges, so staff ward found a cheaper tariff. On Emmetts ward patients said they wanted more activities over the weekend period, so staff arranged more activities such as long walks, leisure trips and cooking. On Groombridge ward patients asked for hooks for the back of their doors and these were provided. On Walmer ward patients asked for a beautician to visit the ward and this had now been arranged. On Bedgesbury ward patients wanted to attend the for the whole duration of their care review and this was put in place. At the Allington centre we saw that every two months patients were asked to attend a meeting to feedback their experiences of privacy, dignity, care and treatment on the ward. We also saw that once a year all patients and staff come together to plan, agree and sign up to a 'respect charter'.

- Staff were able to describe the complaints process confidently and how they would handled any complaints.
- Staff met regularly with the quality team to discuss learning from complaints. This was being used to inform a programme of improvements, including the need for staff to send sensitive or bulk information via recorded delivery and drawing up clear guidance on when it was permissible to share patient information without their consent.

# Are services well-led?

Outstanding



By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

We rated well-led as **outstanding** because:

We found all staff to have high morale and that they felt well supported and engaged with a highly visible and strong leadership team which included both clinicians and managers. We found governance structures were clear, well documented, adhered to by all of the wards and reported accurately.

## Our findings

Trevor Gibbens unit and the Allington centre

### Vision and values:

- The trusts' vision, values and strategies for the service were evident and on display in all of the wards. Staff on the wards considered they understood the vision and direction of the trust. Staff at every level felt very much a part of the forensic service line and were able to discuss the philosophy of the service line.
- The ward managers had regular contact with the service manager and lead nurse. The senior management and clinical team were highly visible and we were told by all staff that they often visited the ward.
- Staff commented on the high quality support they received from the quality and performance teams in the forensic service line business unit.
- We heard excellent feedback about the clinical leads and the director responsible for the forensic service line. One staff member said that their respectful approach to patients and one another came from the top team who they described as committed and dedicated. Staff also described that it was evident that all decisions were taken in the best interests of patients.

### Good governance

- We noted that the wards had good access to robust governance systems that enabled them to monitor and manage the ward effectively and provide information to senior staff in the trust and in a timely manner. We saw that the business unit provided processes and support, via the business and performance manager and the quality and governance co-ordinator, to enable this to

happen and to a very good standard. One example of this was the risk dashboard on display in all ward areas. We saw that the top forensic line risks were listed, as well as each wards' risks associated with risk to quality and health and safety. We saw similar dashboards on display concerning performance and learning from incidents.

- We looked at the forensic service line performance management framework and saw that data was collected regularly. This was presented in a dashboard format monthly and that a performance meeting was held to scrutinise the dashboards. Where performance did not meet the expected standard action plans were put in place. Managers could compare their wards performance with that of other wards and this provided a further incentive for improvement. We saw evidence of all wards meeting their key performance indicators and that the information provided was accessible and well advertised. We were able to see, from tracking the dashboards, that there had been a strong and continuous improvement in performance in many areas on all wards.
- All ward managers told us that they were encouraged by their managers to operate autonomously in managing their wards and received 'excellent' support from the service manager, lead nurse and director.
- All ward managers we spoke with were familiar with and actively participated in the formulation of the forensic service line risk register.

### Leadership, morale and staff engagement:

- We found all of the wards were well-led. There was evidence of clear leadership at a local level. The ward managers were visible on the ward during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.
- All of the ward staff we spoke with, without exception, were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their

# Are services well-led?

Outstanding



By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

line managers. Some staff gave us examples of when they had spoken out with concerns about the care of people and said this had been received positively as a constructive challenge to ward practice.

- Staff told us that staff morale was excellent and described the wards as being the best place to work.
- We noted all staff on all wards took time out to attend multidisciplinary away days.
- Sickness and absence rates were 3.2% (trust target of 3.9%) and we spoke to ward managers about initiatives which had seen a positive reduction in the attitude and culture of staff towards taking sick leave. This included circulating cost implications of absences and actively managing staff under the associated policies.
- At the time of our inspection there were no grievance procedures being pursued within the wards, and there were no allegations of bullying or harassment.

- Staff were aware of the whistleblowing process if they needed to use it.

## **Commitment to quality improvement and innovation**

- The services showed a real commitment to continuously improving quality of care and to developing services. This was evidence by:
- Accredited members of the Royal College of Psychiatrists quality network for forensic mental health services. (2015 Allington centre and 2014 Penshurst, Groombridge, Emmette and Walmer wards)
- Adoptors of the productive mental health ward and 15 steps challenge (2014 all wards)
- Clinical audit and effectiveness programme
- Research and development programme
- Peak of the week example of good practice
- Service user and carer involvement (service improvement together initiative, patients' council, DVD, Skype initiative, triangle of care)
- Equality delivery scheme

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises <b>We found that patients were not protected against the risks associated with unsafe or unsuitable premises. Seclusion rooms on three of the wards required significant upgrading and improvements to the facilities.</b>  This was in breach of Regulation 15 (1)(a)(b)(c)(i)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines <b>We found that, on one ward, patients were not protected against the risks associated with the unsafe use and management of medicines. This related to inappropriate arrangements on Penshurst ward for the safe keeping of medicines.</b>  This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.